

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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RECEIVED	.,
ALCOUNT OF LAFT.	
EC Office Use Only 117	· <u>,-</u>

								FEU Office	Úse Only i₁	<u>Tr.m</u>	
1. NAME COMMI	OF ITTEE (in full)	TYPE OR P	RINT ▼	Exa ove	mple: If typ r the lines.	oing, type	12FÅ	umoeci.	2-14 H.12	?: 02	
Amer	rigans	for.	Affo	rdab	le.	tousiv	raid	nd r	Asis	ting	
ADDRESS (June 13) West 35th Street											
ADDRESS (number and street)											
Check if different than previously reported. (ACC) New York NY 1/0,00 1-1											
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲											
CC	0,5,2,6,5	5.8	3	B. IS THIS REPORT		NEW (N) OR		AMENDE (A)	D		
4. TYPE (Choose	OF REPORT e One)	(b) Mont Repo	ort 🔲	Feb 20 (M2)		May 20 (M	5)	Aug 20 (M8		Nov 20 (M11) (Non-Election Year Only)	
(a) Qı	uarterly Reports:			Mar 20 (M3)		Jun 20 (M6) [Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	April 15	(01)		Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M1	0)	Jan 31 (YE)	
	Quarterly Report July 15	(C)	12-Day PRE-Election		Primary (12	2P)	Ge:	neral (12G)		Runoff (12R)	
	October 15		Report for th	ie:	Convention	(12C)	Spe	ecial (12S)		(
	Quarterly Report January 31 Year-End Report		E	lection on		/ DPD /	78 y 8	Y • V	in the State of	f L	
	July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d)	30-Day POST-Election Report for the		General (3	0G)	Ru	noff (30R)		Special (30S)	
	Termination Repo (TER)	ort	·	lection on		68	[20]		in the State of	f	
5. Covering Period (U) 20 20 6 through through											
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.											
Type or Print Name of Treasurer 7. Bolley Morgan											
Signature of Treasurer Bully Worspalate 12/51/5016											
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.											
	Office Use							FE	C FOR	-	